PATENT APPLICATION FEE DETERMINATION RECORD											n or Docket Number			
Lifective October 1, 2000														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					53.		RAT	E	FEE		RATE	FEE		
FO	R		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00		
то	TAL CHARGEA	BLE CLAIMS			. 18		X\$ 9	=		OR	X\$18=	324		
IND	EPENDENT CL	AIMS	<b>%</b> minus 3 =		S		X40	X40=		OR	X80=	400		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT	SENT			+135:				+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA			OR OR		fr1.34		
CLAIMS AS AMENDED - PART II										احم	OTHER			
(Column 1) (Column 2) (Column 3)								LLE	NTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	. • •	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDW	Total	· 38	Minus		38	-	X\$ 9	=		OR	X\$18=	oxdot /		
AME	Independent	· 8	Minus	••• (	8	= /	X40	=		OR	X80=	/		
لتا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	/		
								TAL		OR	TOTAL ADDIT. FEE	/		
7/35/64 (Column 1) (Column 2) (Column 3)														
NDMENT B	8/3/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. Q	Minus		8	• 0	X\$ 9	=		OR	X\$18=			
AME	Independent					= 6	X40	=		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		OR	+270=			
(m.)								TAL		OR	TOTAL ADDIT, FEE			
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE														
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDW	Total		Minus	••	0	•	X\$ 9	_		OR	X\$18=	•		
AME	Independent	./ ) (	Minus	•••			X40			OR	X80=			
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							┪		-				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=			
"If the entry in column 1 is less than the entry in column 2, while "U" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE														
		nber Previously Pa					found in th	e sbt	propriate box	in co	lumn 1.			
FORM (Rev.	N PTO-675 8/00)				-		Patent and T	reden	nark Office, U		PARTMENT OF			

182

TOTAL

ADDIT. FEE

OR

**TOTAL** 

ADDIT. FEE

## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) **RATE** NUMBER EXTRA RATE FEE FOR NUMBER FILED **BASIC FEE** OR (37 CFR 1.16(a)) **TOTAL CLAIMS** OR. minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR: minus 3 =(37 CFR 1.16(b)) 150= MULTIPLE DEPENDENT CLAIM PRESENT 300= (37 CFR 1.16(d)) $TCL\Delta$ PRESENT OR TOTAL OR, TOTAL \* If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CITY WAS VE -CLAIMS AS AMENDED - PART II OR SMALL ENTITY SMALL ENTITY (Column 3) (Column 1) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-PRESENT REMAINING NUMBER RATE TIONAL TIONAL RATE. AMENDMENT **EXTRA AFTER PREVIOUSLY** FEE FEE **AMENDMENT** PAID FOR OR Total Minus lainus (37 CFR 1.16(c)) OŔ Independent Minus Minus OR<sub>7</sub> (37 CFR 1.16(b)) (57 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM h Mulittle Di **O**R TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) (Column I ADD -**CLAIMS** HIGHEST ADDI TIONĂL<sup>©</sup> **PRESENT** REMAINING NUMBER **RATE** RATE TIONAL : **AFTER PREVIOUSLY EXTRA** FEE 5 FEETER -AMENDMEN AMENDMENT PAID FOR ÓR Total ).Enus Minus (37 CFR 1.16(c)) OR' Independent Minus Minus OR, (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) ÓR No. 2 ABOVE TOTAL TOTAL **OR** ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) (Column 1) ADDI:: **CLAIMS** ADDI-HIGHEST REMAINING **NUMBER** PRESENT **RATE** TIONĂĻ TIONAL. **RATE AMENDMENT AFTER PREVIOUSLY EXTRA** PEETFI FEE! AMENDMENT PAID FOR OR. Total Minus (37 CFR 1.16(c)) OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. Patents, Washington, DC 20231.

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.